



TAHSEEN Project
CATALYST Consortium

Reaching a National Consensus on the Integrated Package Workshop

September 22-24, 2004

Ain El Sokhna



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The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.



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Table of Contents

REACHING A NATIONAL CONSENSUS ON THE INTEGRATED PACKAGE WORKSHOP	1
<i>Workshop Goals</i>	1
<i>Workshop Objectives</i>	1
<i>Technical Content of the Workshop</i>	3
<i>Workshop Results or Conclusions</i>	4
<i>Lessons Learned</i>	8
 ANNEX ONE: WORKSHOP AGENDA	9
ANNEX TWO: WORKSHOP PARTICIPANTS	11
ANNEX FOUR: SPECIFIC RECOMMENDATIONS OF WORKING GROUPS	19
ANNEX FIVE: MINUTES OF THE WORKSHOP	23



Reaching a National Consensus on the Integrated Package Workshop

Workshop Goals

The workshop, held from September 22-24 in Ain El Sokhna, set out to achieve a consensus on a number of materials needed to achieve better integration between FP/RH and MCH service at the clinic level. The workshop was based on the technical meeting held from September 10-12, 2004 at Movenpick Media City, which was attended by representatives from the Maternal and Child Health (MCH) and the Population sectors (MOHP), nominated by Dr. Esmat Mansour and Dr. Yehia El Hadidi, in addition to John Snow, Incorporated (JSI), other consultants and TAHSEEN/CATALYST staff.

In this technical meeting, the *Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services* (ISOP) was revised and modified. Recommendations were made concerning regular updating, the dissemination strategy and audio/visual aids for the ISOP. The *Integrated Training Package*, as well as the *Integrated Counseling Training Package* was also revised.

Building on the technical meeting, the “*Reaching a National Consensus on the Integrated Package*” workshop was held to approve and gain a consensus on the amendments and modifications made at the technical meeting.

Workshop Objectives

The workshop objectives were:

- To present an update on integration activities,
- to reach a final consensus on the *Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services*, the *Integrated Clinical Training Course for Physicians* and the *Integrated Counseling Training Package*.
- To discuss the recommendations for regular updates, the training of all primary health care staff in the new standards, job aids and other tools.
- To discuss the current ideas around integrated supervision and the integrated incentives package.

Background

In the 1970's donor attention to specific service delivery systems and client groups, and logistic, managerial and financial dilemmas, necessitated the birth of specialized management structures for family planning and maternal and child health care. Over time these became mirrored in specialized services to clients, necessitating clients to



seek care from various providers on different days at different sites (or the same site) in order to meet all their health needs.

These services have been managed through separate top-down management systems or vertical programs, with different training curricula and staffing patterns, information systems, supervisory tools, performance management standards, incentives and service and essential drug packages.

Possibly thanks to these focused efforts, family planning, reproductive health and maternal and child health activities in Egypt have attained significant success since the 1980s.

Since the International Conference on Population and Development (ICPD) Plan of Action was issued in 1994 the integration of these services has jumped to the forefront of the agenda and received considerable attention. Integration would structure services to better meet the client needs; and improve the efficiency and effectiveness of service delivery.

However, there are many obstacles to be overcome, such as different standards, training curricula and training systems, different supervision tools, different incentive systems, different recording and reporting formats, separate planning processes etc.

In Egypt, the case for integration has been on the policy and program agenda for some time and integration is one of the Ministry's reform strategies.

The TAHSEEN Project aims to fill in the lingering family planning/reproductive health (FP/RH) gaps caused by geographic, social, and economic inequities. It was therefore natural that integration activities were included in the TAHSEEN/CATALYST program and work plan.

Informed by field level discussions, TAHSEEN/CATALYST worked to gather all sectors and technical assistance agencies around a Memorandum of Cooperation, which spelled out the activities to be implemented. An Integration Committee was formed which launched an Integration Taskforce.

TAHSEEN/CATALYST formulated what would ultimately become its integration strategy. The strategy in a nutshell is to:

1. Design the range of services to be delivered,
2. Set the service standards,
3. Measure and support the standards through supervision and
4. Jointly plan for activities at the lowest management level

Next the sectors were assisted in defining what exactly the services were that were to be delivered in an integrated fashion in a *MCH/RH Package of Essential Services*.

TAHSEEN/CATALYST produced a first draft of the ISOP in early 2004. In the March 3rd 2004 Integration Committee (IC) meeting, the first draft of the ISOP was discussed and the sections on premarital counseling, RTIs and adolescents were considered new and good additions to the existing materials. It was stressed that the HSRP should be informed of the activities.



Thus, meetings were held with Dr Henem Zaher, head of the Central Administration for Technical Support and Projects which implements the HSRP, to avoid duplication of activities between the Integration Committee and the HSRP. Dr Henem Zaher welcomed the work on the ISOP and agreed that the Integration Committee will continue to work to produce the ISOP. The ISOP will later be subsumed into the planned Volume II of the Family Health Facility Implementation Manual. Although the HSRP had planned to work on ISOP, they had not yet started activities.

In the May 10th 2004 IC meeting the final list of topics to include in the ISOP were discussed and various partners promised to send the relevant materials to be included. It was agreed that the technical content would not be changed but that the contents may be rearranged and reordered to allow for optimal service delivery, client flow etc. with the aim of reducing missed opportunities. Details concerning logo's and introductions were discussed and agreed upon. It was also decided that a document detailing the physical requirements of the facilities, including furniture, equipment, drugs etc. will be included in the standards but this will be drafted later. It was decided that it might become a separate volume of the standards.

Some delays were encountered because the HM/HC project was still updating the *Basic Essential Obstetric Care: Protocols for Physicians*. The update was finalized in July 2004. Using these materials and the final draft of the *National Clinical Standards of Practice for FP/RH Clinical Services*, a next draft of the ISOP was written. TAHSEEN/CATALYST also produced an *Integrated Counseling training package*, and the *Integrated Clinical Training Course for Physicians* to support the implementation of the ISOP.

These efforts were reviewed in a series of technical meetings with the sectors which culminated in a technical meeting held 10-12 September, 2004 attended by representatives from the MOHP MCH and FP/RH Sectors; representatives of JSI; CATALYST; and other consultants. In this technical meeting, participants reviewed the draft ISOP, its training package, the *Integrated Counseling Training Package*, proposed recommendations for regular updates, proposed recommendations on the training of all primary health care staff in the new standards and proposed recommendations for job aids and other tools.

In late September 2004 a good draft of the ISOP and a strong set of recommendations from the September 10-12 meetings existed. A workshop was organized for a wide MOHP audience entitled, “*Reaching a National Consensus on the Integrated Package*” on 22-24 September 2004 to present an update on integration activities, reach a final consensus on the *Standards of Practice for Integrated Maternal and Child Health and Reproductive Health Services*, the *Integrated Clinical Training Course for Physicians* and the *Integrated Counseling Training Package*. Participants at the workshop also discussed the recommendations for regular updates, the training of all primary health care staff in the new standards, job aids and other tools. Finally, the workshop offered a venue to discuss the current thinking around integrated supervision and the integrated incentives package.

Technical Content of the Workshop

Participants were divided into seven working groups to address different aspects. For a complete list of the working groups and their goals as well as participating members, see Annex Three.



Presentations of the Different Working Groups

- “Working Groups and Objectives” presentation
- “ISOP” Presentation
- “*Integrated Supervision*” Presentation
- “*Integrated Training Package*” Presentation
- “Integration of FP and RH Services” Presentation
- “Integration Incentives” Presentation
- “Objectives of the Workshop” Presentation
- “Participants of the Workshop” Presentation
- “*Integrated Counseling Training Package*” Presentation
- “Recommendations of the Workshop” Presentation

Workshop Results and Conclusions

General Recommendations of the Workshop

- Emphasis should be placed on the importance of integrating health services at the primary care level and how it will affect service quality.
- The *ISOP* should be approved after making the modifications suggested by Group I.
- The *Integrated Training Package*, which trains personnel on the *ISOP* should be approved after adding the section on “Mother and Child Health” that will be taken from the HM/HC Project.
- The *Integrated Counseling Training Package* should be approved after taking into consideration the recommendations of Group V.
- The suggestions regarding the regular updating of the *ISOP*, the mechanism for distributing these standards as well as the audio/visual aids should be carried out in order to guarantee that the standards are used.
- Approve *Integrated Supervision*. Further discussions will be conducted in order to reach an effective mechanism to apply integrated supervision.
- Approve the *Integrated Incentives*, work to find other types of incentives (in addition to financial incentives) taking into consideration laws and regulations.
- Approve integration between different sectors to be achieved in the framework of the Health Reform Policy to present the *Basic Services Package*.

Recommendations of Group I

The objective of this group was to revise and approve feedback on the *ISOP*. For specific recommendations of Group I, see Annex Four. The group made the following recommendations:



- Documents should be sent for final revision before dissemination.
- All previous necessary notes should be corrected.
- References for chapters should be added at the end of each chapter.
- Addition of first aid of EMOC should be considered.

Recommendations of Group II

The objective of this group was to revise and approve the suggested dissemination plan of the *ISOP*. The group made the following recommendations:

- *ISOP* to be finalized, approved and translated into Arabic
- Orientation workshop for the Population sector and MCH sector should be held at the central level
- Orientation workshop for other MOHP sectors should be held, including: curative, THO, HIO, CCO and NGOs etc.
- TOT Training course for governorate, FP and MCH teams at the central level
- TOT Training course for THO, HIO, CCO, NGOs etc.
- Trainers should be from the central level staff, from the Population sector and MCH
- Step down training for the district level team (FP and MCH) by governorate staff under supervision of CO staff
- Step down training for service provider physicians and nurses by district level staff under supervision of governorate teams
- Arabic versions to be printed and distributed to all health units
- Follow up and monitoring conduction of training of other organization service providers

Recommendations of Group III

The objective of this group was to revise and approve the suggested updating plan for *ISOP*. The group made the following recommendations:

- Periodic updating is necessary to reach the desired level of quality.
 - ▶ The purpose of updating:
 - Scientific advances
 - Reflect results of feedback
 - Updating, developing services
 - ▶ A supreme committee should be responsible for the updating, consisting of:
 - Head of the Integrated Health Care and Nursing Sector
 - Head of the Population Sector
 - Head of the Curative Sector



- University representatives
- Other suitable candidates to be nominated by the committee
- ▶ The committee's responsibility is to make recommendations to add or to remove parts in accordance with current scientific advances.
- ▶ The committee should convene regularly once every year to follow up and may convene at other times when necessary.
- ▶ Sources for updating:
 - Internet
 - Periodicals
 - Studies and research
 - WHO and periodicals from other organizations
 - Others
- ▶ Methods of updating:
 - Adding or removing parts
 - Distributing or publishing
 - Following up and application
- ▶ Copies of the ISOP should be kept in:
 - MOHP
 - Directorates
 - Departments
 - Units

Recommendations of Group IV

The objective of this group is to revise and approve the audio/visual aids for the *ISOP*. The group made the following recommendations:

The Audio/Visual Aids for Physicians

- Preparation of a user friendly guidelines booklet in the form of flowcharts and diagrams for major FP/RH/MCH services, including:
 - ▶ WHO Medical Eligibility Criteria for Starting Contraceptive Methods.
 - ▶ Common Problems.
 - ▶ Alarming signs that necessitate referral
- Infection Control posters that cover infection prevention (IP) procedures such as hand washing, sterilization etc.
- Preparation of a CD for each physician that includes:
 - ▶ National Standards of Practice



- ▶ Training Curricula for physicians
- ▶ Protocols
- ▶ Supervision checklist

The Audio/Visual Aids for Nurses

- Schedule for cleaning of the unit.
- Counseling flipchart:
 - ▶ Family planning
 - ▶ Reproductive health
 - ▶ Maternal health
 - ▶ Child health
- Client's Rights posters
- Client's leaflets (FP/RH/MCH)
- Child's Immunization poster
- Tetanus Toxoid poster
- Outdoor sign denoting available services and work times
- Video tapes for counseling
- Client's Satisfaction Indicator poster
- No Smoking Signs
- White Board for action plan

Recommendations of Group V

The objective of this group was to revise and approve feedback on the *Integrated Counseling Training Package*. For specific recommendations, see Annex Four. The group made the following general recommendations:

- They approve the modification of the counseling elements entitled: "Five Counseling Elements" and the rest have been deleted
- The listening and hearing sections have been combined in the third unit.

Recommendations of Group VI

The objective of this group was to revise and approve the *Integrated Training Package*. For specific recommendations of the group, see Annex Four. The following are the group's general recommendations:

- The course name should be changed to: "Training Course on *SOP* for PHC Physician Service Providers" after adding "*The Trainer's Guide (MCH)*."
- The sessions: "Egypt Demography" and "Anatomy and Physiology" should be related, as they are unrelated to the *ISOP*.



- There are a lot of missing slides concerning infection prevention such as: “Types of Disinfectants” and “Processing of Instruments” that should be added to the *Trainer’s Guide*.
- It has been recommended previously that the counseling section be translated into Arabic in both the *ISOP* and the *Trainer’s Guide*.

Recommendations on *Integrated Incentives*

Participants were in agreement on the general concept, with the following recommendations:

- The system should offer more opportunities for recognition, such as using high performers as a resource to identify and rectify problems at low performing units.
- The system should be examined to make sure that it falls in line with health reform and does not contradict it.
- A final session should review implementation scenarios.
- The system should include all district, urban health units, EHC, hospitals and health offices, since they are as important as the rural health units.
- The group agreed to focus on portions of the system and learn from them.
- The system should be tested before final implementation.
- A great deal of work at all levels in MOHP is needed to implement this system.

Lessons Learned

Integration does not mean merging the sectors together; rather it means improved coordination on the level of the health service providers.

Workshop Evaluation

At the end of the workshop all the participants commended the workshop and the effort made to reach and achieve the objectives.

One of the reasons for the success of this workshop was representation from the various sectors, including the Population Sector, MCH, and JSI in order to agree on the *ISOP*, combined with the high level of enthusiasm and motivation found in the participants.



Annex One: Workshop Agenda

September 22, 2004

19:00 – 20:00	Registration
20:00 – 21:00	Workshop Orientation and Opening Ceremony
21:00 – 22:00	Dinner

September 23, 2004

09:00 – 09:30	Detailed presentation on the integration efforts Dr. Ton van der Velden; Medical Director, TAHSEEN/CATALYST
09:30 – 10:00	Detailed presentation on the <i>ISOP</i> Dr. Abdel Halim Ragab; General Manager, Population Planning
10:00 – 10:30	Detailed presentation on training package for <i>ISOP</i> Dr. Khaled Nasr; General Manager, MCH
10:30 – 11:00	Detailed presentation on the <i>Integrated Counseling Training Package</i> Prof. Dr. Nasser El Kholy; Regional RH Advisor, TAHSEEN/CATALYST
11:00 – 11:30	Break
11:30 – 12:30	Detailed presentation on <i>Integrated Supervision Checklists</i> Dr. Hasan Nabih; Population Sector, MOHP
12:30 – 13:00	Detailed presentation on <i>Integrated Incentives</i> Dr. Gamal El Khatib; Management and Sustainability Specialist, TAHSEEN/CATALYST
13:00 – 13:30	Break
13:30 – 16:00	Working Groups
16:00 – 17:00	Lunch



September 24, 2004

09:00 – 9:30	Wrap up
09:30 – 11:30	Working Group Presentations
11:30 – 12:30	Recommendations and Closing Ceremony
12:30 - 13:30	Lunch

Annex Two: Workshop Participants

Proposed List of Participants

Place of Work	Sector	Name of Proposed Participant
MOHP	Women's Health	Dr. Hamdy Shahin
		Dr. Ahmed Abou El Fotouh
		Dr. Amr Kandil
	Population Sector	Dr. Yehia El Hadidi
		Dr. Abdel Halim Ragab
		Dr. Essam Fasih
		Dr. Ibrahim Gamal Eldin
		Dr. Hasan Nabih
		Dr. Amaal Zaki
		Dr. Rawia Shaa'ban
		Dr. Elham Ghobara
		Dr. Magda Hussein
		Dr. Atef Ezzat
		Dr. Shawki Awadein
		Dr. Amira Kassem
		Dr. Gihan Abdel Hadi
		Dr. Mona Aziz
		Dr. Mohamed Eid
		Dr. Saber Lawendy
		Dr. Mohsen Fathy
		Dr. Baheia Fouad
		Dr. Hanem Zaher
	Health Sector Reform	Dr. Samir El Namaki
		Dr. Abdalla Kaddah



		Dr. Laila Seliman
		Dr. Said Madkour
		Dr. Nabih Ismail
		Dr. Amira El Antarawi
Universities		Prof. Dr. Ezz Eddin Othman
		Prof. Dr. Nadia El Badrawy
		Prof. Dr. Ahmed Abdel Aziz
		Professor Dr. Ibrahim Samaha
CATALYST		Dr. Damianos Odeh
		Dr. Mohamed Abou Nar
		Prof. Dr. Nasser El Kholy
		Dr. Ton Van der Velden
		Dr. Mohamed Abou Gabal
		Dr. Hossam Rasekh
		Dr. Ayman Sabry
		Dr. Salah Abou El Enein
		Dr. Yehia Gado
		Mrs. Dina Alaa
		Dr. Gamal El Khatib
		Mrs. Manal Eid
		Mrs. Manal Omar
Teaching Hospitals		Dr. Abdel Aziz El Shobari
RCT		Dr. Safaa El Baz
		Dr. Bahaa Shawkat
		Dr. Ibrahim Anwar
		Dr. Usama Refaat
World Bank		Dr. Sameh El Saharty
JSI		Dr. Sabri Hamza
		Dr. Wafaei El Sakkari
		Dr. Magdi Zein



		Dr. Reginald Gipson
MCH		Dr. Essmat Mansour
		Dr. Khaled Nasr
		Dr. Ahmed Metwalli
		Dr. Usama Shawkat
		Dr. Alaa Sultan
		Dr. Rashed Mahmoud Rashed
		Dr. Azza El Tohamy
		Dr. Samia Abdel Hakam
		Dr. Hoda Mahfouz
		Dr. Mervat Mansour
		Dr. Amaal Riyad
		Dr. Nagat El Menshawy
		Dr. Mohamed Nour
		Dr. Marcelle Labib
FHI		Dr. Sherif Seliman
USAID		Ms. Brenda Doe
		Ms. Shadia Attia
		Dr. Ali Abdel Magid
		Mr. Torhan Noury
		Ms. Nahed Matta
		Ms. Lisa Childs
		Ms. Kathryn Panther
		Dr. Emad Yanni
WHO		Dr. Ramez Mehani



Actual Attendees

Attendee	Organization
Dr. Magdi Zein	JSI
Dr. Essam Fasih	MOHP
Dr. Ibrahim Gamal Eddin	MOHP
Dr. Elham Ghobara	MOHP
Dr. Shawki Awadein	MOHP
Prof. Dr. Ezz Eddin Othman	Mansoura University
Dr. Alaa Sultan	MOHP
Dr. Nagat El Menshawy	MOHP
Dr. Marcelle Labib	MOHP
Dr. Bahaa Shawkat	RCT
Dr. Amira El Antarawy	MOHP
Dr. Yehia Gado	CATALYST
Prof. Dr. Nasser El Kholy	CATALYST
Dr. Khaled Nasr	MOHP
Dr. Salah Abou El Enein	CATALYST
Dr. Damianos Odeh	CATALYST
Dr. Ton van der Velden	CATALYST
Dr. Abdel Aziz El Shobary	El Galaa Hospital
Dr. Atef Ezzat	MOHP
Dr. Mervat Mansour	MOHP
Dr. Mohsen Mohamed Fathy	MOHP
Dr. Abdalla Kaddah	MOHP
Dr. Hamdy Abdel Baky	MOHP
Dr. Ahmed Metwalli	MOHP
Dr. Hassan Nabih	MOHP
Dr. Saber Lawendy	MOHP
Dr. Azza El Tohamy	MOHP
Dr. Samia Abdel Hakam	MOHP
Dr. Mona Aziz	MOHP
Dr. Ali Abdel Meguid	USAID
Dr. Rashed Mahmoud Rashed	MOHP



Actual Working Groups and Tasks

Group I

Coordinator:

Dr. Alaa Sultan

Objective:

To revise and approve feedback on the ISOP

Participants:

Prof. Dr. Ezz Eddin Othman

Dr. Ton van der Velden

Dr. Laila Seliman

Dr. Khaled Nasr

Dr. Bahaa Shawkat

Group II

Coordinator:

Dr. Ibrahim Gamal El Din

Objective:

To revise and approve the suggested dissemination plan of the ISOP

Participants:

Dr. Ali Abdel Meguid

Dr. Shawki Awadein

Dr. Abdalla Kaddah

Dr. Amira El Antarawy

Dr. Mohsen Fathy

Dr. Saber Lawendi



Group III

Coordinator:

Dr. Ahmed Metwalli

Objective:

To revise and approve the plan for suggested updating of the ISOP.

Participants:

Dr. Rawia Shaa'ban

Dr. Nagat El Menshawy

Dr. Gamal El Khatib

Dr. Samia Abdel Hakam

Group IV

Coordinator:

Dr. Salah Abou El Enin

Objective:

To revise and approve the suggested *Job Aids* for the ISOP.

Participants:

Dr. Elham Ghobara

Dr. Mona Aziz

Dr. Magdy Zein

Abdel Aziz El Shobary

Group V

Coordinator:

Dr. Hassan Nabih

Objective:

To revise and approve feedback on the *Integrated Counseling Training Package*

Participants:

Dr. Atef Ezzat



Dr. Mohamed Eid

Dr. Yehia Gado

Dr. Marcelle Labib

Group VI

Coordinator:

Dr. Essam Fassih

Objective:

To revise and approve the *Integrated Training Package*

Participants:

Dr. Azza El Tohamy

Dr. Mervat Mansour

Dr. Hamdy Shahin

Rashed Mahmoud



Annex Four: Specific Recommendations of Working Groups

Group I

The group made the following notes on the document:

Chapter 6: ANC/HRP

P:179 Table 6.1 TT visits (subsequent pregnancies)

P:181 Pregnancy-related disorders (minor complaints during pregnancy)

P:182 (major complaints during pregnancy)

P:183 185 - (Cancel)

P:186 197 - HRP

Chapter 7: Bleeding in Pregnancy

There are some mistakes in the introduction.

Chapter 8: Recognize and Manage Labor

Safe Clean Delivery

P:125 The partograph (Latent phase)

P:234 239 N.N. Resuscitation

P:239 245 Breastfeeding (combine with breastfeeding mentioned in chapter 12, p:293 – 299).

Chapter 9: Clean and Safe Home Birth

P:249 (replace with Immediate Care of the Newborn)

(Add Neonatal-screening p:288, 289)

Chapter 10: Post Partum Care

(p:257 only) + (p:261 to 272 timing and components)

N.B

Table 10.3 D1

Table 10.4 D2

Table 10.5 D7



Table 10.6 D4

Chapter 11: N.N. Care

(replace it with P.P. hemorrhage p:258, p:261)

Chapter 12: Breast Feeding

(mentioned before, combine)

Chapter 19: P.A.C

(Delete definition – types – management)

(Family Planning Counseling following post abortion treatment, to be added to Chapter 7; Bleeding before 20 weeks)

Chapter 23: Infection Control

(To assure National Standards of Infection Control “MOHP”)

Chapter 24: Physical Requirements

Group V

- P:5, 6, 13, 16 (they approve the modifications made by the technical committee).
- P:16 (the word user: there are redundant details)
- They approve the modification of the counseling elements entitled: “Five Counseling Elements” and the rest have been deleted
- The listening and hearing part has been combined in the third unit.

Specialized Counseling:

- P:64 The idea of reproductive health should not be applied only to women.
- P:45 The section on recommendations during the period has been modified and approved.
- P:59 Modification of spotting instead of bleeding has been made and approved.
- P:69 The case study has been modified and approved.
- P:81 The statement “Women’s Health Card should be available every visit” has been added.
- P:87 Item 6 has been modified.
- P:89, 113 Modifications have been done and approved.
- The vaccination table has been mentioned twice on p:36 and 99.



- In the table on p:36 there is a mistake in the lower title. It should be changed from vaccination from 40 days old, to vaccination from day one after birth.
- p:37 The statement should read: “You should receive a vaccination date card and these dates should be registered on the Health card.”
- p:36 The statement “you have to make sure that you have taken the Mumps and the German Measles vaccination.” should be deleted.
- p:39 The right position for breastfeeding should be added to the counseling.
- p:94 The section on “premature weaning before 12 months until breast squeezing” should be removed.
- p:99 Modifications have been approved.
- p:96 There is no need to mention “the types and details of the vaccines” in counseling.
- p:202 Modifications have been approved
- p:209 Has been removed.
- p:203 The statement “There are three kinds of vaginal means” should be removed.
- p:102 The statement regarding the Mumps should be #3 and #1 and #2 should be removed.
- p:102 The statement: “Date of taking the Mumps sample” should be “ From the third day to the seventh day” and the statement “Four days after delivery” should be removed.
- p:102 The T.S.H. Table should be removed.
- p:158 The wording “central hospitals” has been changed to “nearby hospitals.”
- p:176 There was a recommended change but it was not adopted. Instead the whole page has been removed because it was considered general counseling.
- p:182 Change has been made and approved from “vaginal bleeding” to “spotting.”
- p:191 The section on Norestrat injections has been removed and the change approved.
- P:93 “No fat” should be replaced with “reduced fat” in the section on after delivery advice.
- P:94 The statement “because it contains Vitamin A” should be removed.

Group VI

- p:6 PHC Responsibilities in ANC (add: tooth care/HE for neonatal of hypothetical)
- Postpartum and neonatal care (rearrange/add zero dose of polio...and health E)
- Infant “28-5 years” (add pre-school child/ cancel Vitamin A for mother/ replace it by at 9 and 18 months for Vitamin A)
- P:7 “provide growth and developing, monitoring (add: at 2-4-6-9-one year “HB”)



- P:7 “from 6-18 months (add immunity of school children)
- P:175 ANC, in the initial visit (add teeth examination)
- P:176 Periodic visit (to be revised completely/add to the general examination the chest and the heart, edema, teeth and Hgb)
- P: 178 breast care (remove daily washing to reduce cracking/express breast secretions/if retracted pull)
- P:234 Neonatal resuscitation and care (to be replaced with “Neonatal care for PHC physicians)
- P:288 Corg. Hypothysis
- P:323 Immunity schedule (delete for 4-6 years)
- P:323 (add site of administration to the table).
- P:325 (Vitamin A for mothers not necessarily lactating/state clearly that it is contraindicated to give Vitamin A after 28 days of delivery) could be teratogenic.
- P:325 (The doses of vitamin A in 18 months old infants line #6: delete “in 18 month old infants” and keep “two doses of vitamin A.”)
- P:325 (delete the paragraph on iron.)
- P:380 (add a paragraph about iodized salt.)
- P:28 in the Trainer’s Guide - (a session has been included to explain the components of the word “Gather” in the WHO criteria, we need it back in the counseling session).



Annex Five: Minutes of the Workshop

September 22, 2004

7:00 p.m. - The workshop started at 7:00 p.m. with registration of the participants.

8:00 p.m. Opening Session - Prof. Dr. Nasser El Kholy presented a workshop objective overview. The welcoming note was delivered by Dr. Damianos Odeh (Country Representative of TAHSEEN/CATALYST), who commented, “TAHSEEN is working with the Population Sector at the MOHP as well as the Mother and Child Health Care on an equal basis. We are tackling a number of topics, including the *Integrated Counseling Training Package*, The *Integrated Supervision Checklists*, the *SOP* and finally the *Integrated Incentives*. I am proud that the MOHP is concerned with the *SOP*. Currently other countries such as Yemen and Pakistan are interested in sending their people to undergo training in the field in Egypt.”

Finally Dr. Odeh thanked the participants for attending the workshop.

Prof. Dr. Ezz Eddin Othman (Professor at Mansoura University) stated, “Now the Population Sector has a reproductive component. It is also worth mentioning that TAHSEEN/CATALYST has played an important role in MCH and RH.” He added: “There should be national standards for MOHP or anybody working in this field to refer to and all training programs should refer to these standards.” He continued, “Standardized curricula regarding FP and RH is taught in the universities, and there are standards of practice in the university hospitals.” “What we want to see is harmony between what the undergraduates are taught at the university level and what they see in the FP clinics and in the MOHP and the MOHP units.” Finally Prof. Dr. Ezz Eddin Othman thanked the Population Sector and TAHSEEN/CATALYST for all the effort they have exerted.

Dr. Hamdy Shahin (Director of Women’s Health) added: “TAHSEEN/CATALYST has played an important role in the *SOP*, the *Integrated Training Package*, the *Integrated Counseling Training Package*, the *Integrated Incentives* and the *Integrated Supervision and Checklist*.” “We want them to be used both in the MOHP and outside of it.” Finally he expressed a hope that the workshop would achieve good results.

Dr. Khaled Nasr (General Manager of MCH) said: “We are in great need for the *Integrated Standards* to guide us in the development process of FP, RH and MCH. Since 1995 much has been achieved in controlling the maternal mortality rate as well as of the neonatal death rate. There are a lot of successful programs that need to be continued.” He continued, “The solutions lie in adding *Integrated Standards* to university curricula; decreasing the turnover rate at work; and emphasizing and supporting pre-service training in order to prepare newly graduated physicians; in addition to focusing on nursing.” He concluded, “We need integrated service not only in FP or MCH but in all sectors.”

September 23, 2004

9: 00 a.m. - The workshop started with a welcoming note from Dr. Ali Abdel Meguid (Health Workforce Development Team Leader - USAID).



A detailed presentation on the integration efforts by Dr. Ton van der Velden (medical director at TAHSEEN/CATALYST) followed.

After the presentation there were some questions raised, one of which came from El Galaa' Hospital Director Dr. Abdel Aziz El Shobary: "Shouldn't curative care be involved in the integration?"

Dr. Van der Velden answered: "Of course it is important to involve it and to increase the work of integration which means involving different sectors. There is already cooperation between the curative care sector and the population sector."

Another comment was: "The FP clinics are supervised by the FP sector, thus the standards should be distributed among these clinics in the hospitals."

Dr. Khaled Nasr answered: "Integration with FP clinics is already carried out in El Galaa' Hospital. The new Health Card is an example of integration that should be supported. This card marked the beginning of integration. This card is being used in MCH but FP does not use it. There are amendments in the information concerning FP, that need to be made so the card should be updated."

Comment by Dr. Ali Abdel Meguid: "Has there been any coordination with health reform?"

Dr. Van der Velden answers: "The most important development of the ISOP has been achieved. We met Dr. Hanem Zaher and discussed the health sector reform program and she said that they will work on the guidelines and will add the curative and preventive care parts in FP and MCH."

Comment: "What about district level planning?"

Dr. Van der Velden answers: "The HM/HC Program assisted the district level by preparing the annual work plan and what we would like to do is to add the FP part to it and come up with a methodology for both sectors (MCH and FP)."

10:30 a.m. Detailed presentation on the *Integrated Training Package* by Dr. Khaled Nasr.

Comment: "After updating the training curriculum every three years for example, then how will you retrain people on the updated and modified parts? Will updates be conducted through on the job training or by distributing handouts?"

Answer: "Updates will require either on the job training on the modified parts through a refresher course or the supervisor can be informed of the changes and s/he pass on the information through step-down training."

10:45 a.m. Detailed presentation on the *Integrated Counseling Training Package* by Prof. Dr. Nasser El Kholy.

Comment: "Will MCH use the counseling package?"

Dr. Nasser answers: "This decision is in the hands of the MOHP but, in my opinion, we should give out the counseling package in training."

Dr. Ali asks: "You said that the counseling package is in conformity with university curricula, how did you know that? Did you revise the curricula of all the different universities?"

Dr. Nasser answers: “We took samples from the universities and we are trying to come up with a unified curricula.”

Dr. Ezz Eddin: “There is already a unified curricula in FP and RH in 15 faculties of medicine in Egypt.”

11:00 a.m. Coffee Break

11:30 a.m. Detailed presentation on the *Integrated Supervision Checklist* by Dr. Hassan Nabih

Comment: “We are worried about integration, how long will we be integrated for?”

Dr. Laila Soliman (General Manager of Primary Health Care) answers: “Family Medicine is a methodology to deal with the family, every department has specific duties to carry out for each family. Integration does not mean merging the units together but means unifying efforts on the strategic and the operational level, while everyone knows his roles and responsibilities. It is a kind of cooperation on the general plan level that is to be followed by doctors. The reform aims at getting people to work in harmony.”

Comment from Dr. Elham Ghobara: “Is there any change in the job description of the FP Director? Where will the checklist be reported?”

Answer: “The supervision visits need discussion but the checklist will refer to the Population Sector and MCH.”

Dr. Khaled Nasr asks: “The workload should be considered in the clinics, will the checklists be applied on an equal basis to the clinics that work heavily and the clinics that rarely work? The people responsible for supervision should give their opinion on the checklists and take into consideration the lessons learned from the old checklists.”

Answer: “We have already simplified the checklists, which used to include a lot of detail.”

Comment: “Why don’t we use IT technology to make a data base for the results of the checklists?”

Answer: “Agree.”

12:30 p.m. Detailed presentation on *Integrated Incentives* by Dr. Gamal El Khatib

Comment: “The incentives shouldn’t be only monetary, instead there should be other types of incentives given.”

Comment: “It is illegal to say that if the employee’s performance rating is under 60% the employee shouldn’t be paid and I oppose the idea of making a deposit.”

Comment: “Did you add other income sources to improve the doctors’ status?”

Finally Dr. Nasser ends the second day of the workshop by presenting the working groups.

September 24, 2004

10:00 a.m. Wrap up of the previous day by Dr. Nasser.

12:00 p.m. Closing session and recommendations of the workshop.

